

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044248

6325

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Merriam	
Length of stay in 1b 3 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Mem. Hospital		d. STREET ADDRESS (If outside, give location) 6039 Hadley	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Rollin Roscoe Sandmeyer		4. DATE OF DEATH Month Nov. Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 26 1892
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Messenger		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Stotts City, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John S. Sandmeyer		13b. MOTHER'S MAIDEN NAME Anna L. Westerfeld	
14. NAME OF HUSBAND OR WIFE Rhoman Sandmeyer		Address 6039 Hadley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. 27	
17. INFORMANT Rhoman Sandmeyer, Merriam, Kans.		Address 6039 Hadley	
18. CAUSE OF DEATH (Enter only one cause plus time for each cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion DUE TO (b) Coronary Atherosclerosis DUE TO (c) Generalized Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 days 1958 1956	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:15 a.m. 0 p.m. 0	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kansas City, Missouri.		COUNTY Johnson STATE Kansas	
21. I attended the deceased from Jan 13, 1958 to 11-17-63 and last saw him alive on 11-17-63 Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles S. Cooper M.D.	
22b. ADDRESS 618 Pry Blvd K.S. Mo		22c. DATE SIGNED 11-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-22-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) Kansas City, Missouri.		(State) Kans.	
24. FUNERAL DIRECTOR Hoge Funeral Home, Overland Park, Mo		25. DATE RECD. BY LOCAL REG. 11-21-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300 Rev. 4/59

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TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

Charles S. Cooper Medical Certification

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Rayn Hoge

Licensed Embalmer No. 3519

P. O. Address Oakland Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.